MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03834 A

CERTIFICATE OF DEATH

Reg. Dist. No. 203.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (In this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~Latitude~~ Longbeigh	STREET ADDRESS (If rural, give location): Gratitude

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Kinsley	Ayres	April	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M.	White	Single	12/15/74	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	self	Kent Co	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dominick K. Ayres	Mary C. Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Bayard Ayres, nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 **Immediate cause** (a) Decompensation

Antecedent cause(s)

922 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) chron Endo - Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.		—

22. I hereby certify that I attended the deceased from 4/9, 1949, to 4/28, 1949, that I last saw the deceased alive on 4/28, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M. D.	Rock Hall, Md	4/28/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	4/30/49	Wesley Chapel	Rock Hall	Kent Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/49	S. Elwood Burgess	Edgar L. Lane	Colonial Hill Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03835

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Water St.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) C. (Last) Darling
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan 1. 1869
9. AGE last birthday 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kent Co Md
12. CITIZEN OF WHAT COUNTRY U. S.
13. FATHER'S NAME Frank Legg
14. MOTHER'S MAIDEN NAME Sara Casey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Records Kent & Queen Anne Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism — 7 days
422.1 Antecedent cause(s) (b) Hyp Cardiac — several yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis (Marked) — several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 6 19 49, to Apr 17 19 49, that I last saw the deceased alive on Apr 11 19 49, and that death occurred at 5:17 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank Sinks M D — Chestertown Md. — Apr 17 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4/14/1949 — NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem. — LOCATION (City, town, or county) (State) near Rock Hall, Md.

DATE REC'D BY LOCAL REG. April 13-1949 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR — ADDRESS J. Willis Wells, Chestertown, Md.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

03836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F (Last) Feeringer

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: March 17-1866 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months 0 Days 29 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rock mill | 10b. KIND OF BUSINESS OR INDUSTRY: Laborer | 11. BIRTHPLACE (State or foreign country): Werlenberg Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 218-20-7334 | 17. INFORMANT Mrs. Feringer Feringer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy Cerebral	5 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	Jan 7/49
920	(c) Arteriosclerosis Chronic Endocarditis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to April 9, 1949, that I last saw the deceased alive on April 9, 1949, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank W Smith M D Edentontown Md. 4/10/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF April 12/49 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. 4/12/49. | REGISTRAR'S SIGNATURE S Elwood Bunger | 24. FUNERAL DIRECTOR Edgar L Lane | ADDRESS Church Hill Md

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APR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03837

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Kent; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location) Chesapeake Ave

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Edgar (Last) Glenn

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 18 1890

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Rock Hall, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George T. Glenn

14. MOTHER'S MAIDEN NAME: Emma A. Hogans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs Elsie Glenn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death:

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis, angina pectoris

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1949, to 4/2, 1949, that I last saw the deceased alive on 4/1, 1949, and that death occurred at 10 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert G. Burgard M.D. Rock Hall 4/4/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 4/6/49. — NAME OF CEMETERY OR CREMATORY Wesley Chapel — LOCATION (City, town, or county) (State) Rock Hall Md.

DATE REC'D BY LOCAL REG. 4/6/49. — REGISTRAR'S SIGNATURE S. Elwood Burgess — 24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane Church Hill Md

RECEIVED
APR 8 1949
BUREAU V. S

03838

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown LENGTH OF STAY (in this place) Seventy yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Heard (Last)
4. DATE OF DEATH (Month) Apr (Day) 26 (Year) 1949
5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH Unknown about 1880
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? N.O.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Letters found in effects.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

422.1
93d

INTERVAL BETWEEN ONSET AND DEATH: Dead / Known

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank Hines (Degree or title) M.D. Deputy Med Exam. Kent Co. ADDRESS Chestertown Md DATE SIGNED Apr 27/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 27, 1949
NAME OF CEMETERY OR CREMATORY Kent Co Alms House
LOCATION (City, town, or county) Near Chestertown (State) Md.

DATE REC'D BY LOCAL REG. April 27-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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APR 29 1949
BUREAU V. S.

03839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY Kent - C MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) Lynch			4. DATE OF DEATH (Month) April (Day) 25 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 10/1861	9. AGE last birthday 87 yrs.	If under 1 year Months 2 Days 3 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David Lynch			14. MOTHER'S MAIDEN NAME Ann Marine		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Harry Lynch - Lynch		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 93d

Immediate cause (a) Cardio Vascular Disease — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Prostatitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1941, to April, 1949, that I last saw the deceased alive on April 24 1949, and that death occurred at 9.20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W Smith — ADDRESS Chestertown Md — DATE SIGNED 4/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Apr 28/49	NAME OF CEMETERY OR CREMATORY Chester	LOCATION (City, town, or county) (State) Chestertown Md Kent
DATE REC'D BY LOCAL REG. April 27-1949	REGISTRAR'S SIGNATURE Clara S. Barnes.	24. FUNERAL DIRECTOR B R Fellows	ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 29 1949
BUREAU V. S.

03840

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; MARYLAND; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) Leon (Middle) Megee (Last)

4. DATE OF DEATH (Month) Apr (Day) 1 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH Feb. 1884 | 9. AGE last birthday 65 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) France | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Salvator Megee | 14. MOTHER'S MAIDEN NAME Antoinette M

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Leon Megee (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho Pneumonia | Instant

420.1 Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE Dr. Paul Megee (Degree or title) | ADDRESS Centreville Md | DATE SIGNED 4/2/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4/4/49. | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall | (State) Md.

DATE REC'D BY LOCAL REG. 4/4/49. | REGISTRAR'S SIGNATURE S. Elwood Bowers

24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill Md.

RECEIVED
APR 8 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03841

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY Kent Rock Hall MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Rock Hall R.R. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Edesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) W. (Last) Mitchell
4. DATE OF DEATH (Month) April (Day) 21. (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH Dec. 16 - 1884
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Mitchell
14. MOTHER'S MAIDEN NAME Betty Ann Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Mitchell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Septicaemia Septicaemia — INTERVAL BETWEEN ONSET AND DEATH 1 month

611 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Prostatitis — 3 years

137 b (c) refused operation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to April, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 1 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W. Smith ADDRESS Chestertown DATE SIGNED April 22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 23-49
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall (State) Md.
DATE REC'D BY LOCAL REG. 4/23/49
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill

RECEIVED
MAY 3 1949
BUREAU V. S.

03842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct line is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golts; LENGTH OF STAY (in this place) 12 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golts
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	WESLEY	PRICE	April	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	Nov 12 1874	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farm Labor	Farming	Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Price	Rachel Monson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Emma J. Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ac. Circulatory failure	10 days
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d	(b) Chronic Cardio-Valvular Disease	10-12 years
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
—			m.			—

22. I hereby certify that I attended the deceased from Apr 15, 1948, to Apr 23, 1949, that I last saw the deceased alive on April 23, 1949 and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. H. Hamilton		Millington Md.	Apr 25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 27th	Prices Chapel	Sudlersville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25-1949	Edward Fellows.	Calvin L. Clark	Dover, Del.

RECEIVED
APR 29 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03843

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Sewell
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 30. 1876
9. AGE last birthday 72 yrs. If under 1 year Months 8 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Rock Hall Md
12. CITIZEN OF WHAT COUNTRY? Usa
13. FATHER'S NAME Edward Sewell
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs. Mary Sewell. wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
195 Immediate cause	(a) Cancer of Parotid Gland	2 years
552 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary Anemia	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to April 1, 1949, that I last saw the deceased alive on Apr 1, 1949, and that death occurred at 6.9 m., from the causes and on the date stated above.

SIGNATURE Frank W Smith (Degree or title) ADDRESS Chestertown DATE SIGNED Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF April 21
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall Kent (State) Md

DATE REC'D BY LOCAL REG. 4/21/49
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

RECEIVED
APR 23 1949

03844

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ALENDA (Middle) (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1949

5. SEX: M. — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: Aug. 18-1863 — 9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Smith — 14. MOTHER'S MAIDEN NAME: Nina Latimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Miss. Katie Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Decompensation — 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Chronic Hypertensive Heart Disease — 3 years

940 (c) Coronary Disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sequelae of stroke — 3 years

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: none — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 2, 1948, to Apr 23, 1949, that I last saw the deceased alive on Apr 23, 1949, and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton (Degree or title) M.D. — ADDRESS: Millington Md — DATE SIGNED: Apr 25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 26-1949 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown - Kent - Md.

DATE REC'D BY LOCAL REG.: April 25, 1949 — REGISTRAR'S SIGNATURE: Edward Fellows. — 24. FUNERAL DIRECTOR — ADDRESS: Edward Fellows - Millington

VS. A15

RECEIVED
APR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03845

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kennedyville Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kennedyville COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville — LENGTH OF STAY (in this place) 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E (Last) SMITH

4. DATE OF DEATH (Month) apr (Day) 26 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 23 nov. 1872 | 9. AGE last birthday 76 yrs. | If under 1 year Months 5 Days 3 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter | 10b. KIND OF BUSINESS OR INDUSTRY carpenter | 11. BIRTHPLACE (State or foreign country) Smithvill Md Kent | 12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Hyland P Smith | 14. MOTHER'S MAIDEN NAME Ruth Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. 214-30-2510 | 17. INFORMANT Mrs Sarah Gertrude Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastrointestinal hemorrhage (high) cause unknown	3 days
578 Antecedent cause(s)		
123 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic hypertrophy	4 years
	(c) arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Robert W Farr (Degree or title) ADDRESS Chestertown, Md DATE SIGNED April 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE April 29, '49 | NAME OF CEMETERY OR CREMATORY Chester Cem. | LOCATION (City, town, or county) Chestertown Kent (State) Md

DATE REC'D BY LOCAL REG. April 27-1949 | REGISTRAR'S SIGNATURE Clara S. Barnes. | 24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1949
BUREAU V. S.

03846

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rock Hall COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Thomas (Last) Strong
4. DATE OF DEATH (Month) April (Day) 15 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 17/880
9. AGE last birthday 68 yrs. If under 1 year Months 11 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Kent Co. Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Charles C. Strong
14. MOTHER'S MAIDEN NAME Julia Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Lottie Strong

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sudden (Angina Pectoris) Shock

334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion — 1 year

94a (c) Hemiplegia — 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 194.., to April 10, 1949, that I last saw the deceased alive on April 10, 1949, and that death occurred at 4.30 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank W Smith — ADDRESS Chestertown — DATE SIGNED April 15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4/18/49 — NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery — LOCATION (City, town, or county) Kent Co. Maryland (State)

DATE REC'D BY LOCAL REG. 4/16/49 — REGISTRAR'S SIGNATURE S. Elwood Bingen
24. FUNERAL DIRECTOR J. Willis Wells, Chestertown, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63847

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

VS. A15

1. PLACE OF DEATH
COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent + Queen Annes

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: April 14-49

9. AGE last birthday: yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Thomas

14. MOTHER'S MAIDEN NAME: Margurite Louise Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: William J. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia Lobar Virus Type I

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) maternal Rupture of Membranes — 28 hours

(c) Cause undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1949, to April 14, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 11 10 m., from the causes and on the date stated above.

SIGNATURE: B. L. Layton (Degree or title) MD ADDRESS: Centreville Md DATE SIGNED: April 15, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 14-49 — NAME OF CEMETERY OR CREMATORY: Chesterfield — LOCATION (City, town, or county) (State): Centreville Maryland

DATE REC'D BY LOCAL REG.: April 15-1949 — REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR — ADDRESS: Barton Bros. Centreville Md.

RECEIVED
APR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03848

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY in this place) Mr Rowe
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericktown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nany (Middle) Hanian (Last) Wilmn

4. DATE OF DEATH: (Month) April (Day) 27. (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: September 6 1877 | 9. AGE last birthday: 26 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labrer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Fredericktown | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nany Hamilton Wilmn | 14. MOTHER'S MAIDEN NAME: Lydia Hanis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): World War II | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Nany Hamilton Wilmn (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot Wound Spinal Column Instant

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 919.5 184

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Near Millington | (CITY OR TOWN): Near Millington | (COUNTY): Kent | (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 27 1949 12 m | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE: Raymond Hynd | (Degree or Title) Coroner | ADDRESS Chestertown | DATE SIGNED Apr 27 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 25-1949 | NAME OF CEMETERY OR CREMATORY: Cecilton Cemetery | LOCATION (City, town, or county): Cecilton Cecil Co. | (State): Md.

DATE REC'D BY LOCAL REG.: April 23-1949 | REGISTRAR'S SIGNATURE: Chas L. Barnes. | 24. FUNERAL DIRECTOR: Edward Fellows | ADDRESS: Millington, Md.

RECEIVED
APR 24 1949
BUREAU V. S.

Evidence for addition of #23 shown on:

03849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 120 MAY 25 1949

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) Another 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Newcastle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newark -
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED (Type or Print) (First) PHILIP (Middle) HENRY MILLER (Last) Wooleyhan
4. DATE OF DEATH (Month) April (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 2, 1930
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newark Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roger E. Wooleyhan
14. MOTHER'S MAIDEN NAME Brita Buckingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Roger Wooleyhan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Basilar fracture of skull sustained about 14 hours

825.5 Antecedent cause(s) in automobile accident near Lynch, Md.

170.C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right clavicle

19a. DATE OF OPERATION 4-9-49
19b. MAJOR FINDINGS OF OPERATION Lumbar puncture - grossly bloody spinal fluid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street (CITY OR TOWN) Lynch (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) April (Day) 9 (Year) 1949 (Hour) about 12:00 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? In automobile accident

22. I hereby certify that I attended the deceased from 2-9, 1949, to 2-9, 1949, that I last saw the deceased alive on 2-9, 1949, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) MD (Deputy medical examiner) ADDRESS Chestertown Md. DATE SIGNED 4-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/12/49
NAME OF CEMETERY OR CREMATORY New Garden
LOCATION (City, town, or county) New Garden, Penna. (State)

DATE REC'D BY LOCAL REG. April 9-1949
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR R.T. Jones ADDRESS Newark Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.